

**OAKLAND POLICE DEPARTMENT****Public Records Request Form**

TF-3281 (Dec 07)

Use a separate form for each request type.

REQUESTOR: PLEASE COMPLETE PARTS 1 & 2

Request Received By
Enter Serial No.

Date of Receipt, if different

PART 1 – REQUESTOR INFORMATION

Name of Requestor - Last/First Name (Please Print Legibly)		Date of Request	Contact Number
Agency/Company		Email Address	Alternate Contact Number
Address		<input type="checkbox"/> Oakland/City	Zip Code

PART 2 – DOCUMENT / INFORMATION REQUESTED (Requestor to check all boxes that apply and enter all known information)

INFORMATION TYPE				
<input type="checkbox"/> Offense Report	<input type="checkbox"/> Arrest Report	<input type="checkbox"/> Statistic	<input type="checkbox"/> Internal Affairs Division Complaint	<input type="checkbox"/> Training Record
<input type="checkbox"/> Department Publication	<input type="checkbox"/> Call for Service (Computer Assisted Dispatch [CAD] Purge)		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Non-Collision Traffic Information or Statistics Only -- (For vehicle collision reports or related photos, contact the Traffic Section directly)				
Recording:	<input type="checkbox"/> Video	<input type="checkbox"/> Audio	<input type="checkbox"/> In-Car Video	<input type="checkbox"/> CAD Purge
KNOWN INFORMATION				
Report / Citation Number (if known)		Date of Report/Incident	Time of Incident	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Location of Incident		Name of Involved Party		Date of Birth
Vehicle Information	License No.	VIN Number	Make	Model
Describe request. (Be as specific as possible)				

PART 3 - FOR RECORDS DIVISION USE ONLY

Request Received Via	Custodian of Record Assigned	Date Assigned	PRRC Log Number	Response Due Date
<input type="checkbox"/> Drop-off <input type="checkbox"/> Mail <input type="checkbox"/> Other: _____	Enter Organizational Unit			Enter 10 Days From Date of Request/Receipt

PART 4 – CUSTODIAN OF RECORD USE ONLY

Release Approved By		Notification of Determination		Anticipated Completion Date	Actual Date Completed
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Enter Serial No.	<input type="checkbox"/> PRRC <input type="checkbox"/> Requestor	Date	Enter a Reasonable Timeline	
Extension Needed – Reason			Extension Approved By	New Anticipated Completion Date	Actual Date Completed
<input type="checkbox"/> Outside Facility <input type="checkbox"/> Consultation Needed	<input type="checkbox"/> Volume of Search <input type="checkbox"/> Programming Required	Enter Serial No.		Enter a Reasonable Timeline	

PART 5 –FEE CALCULATION AND COLLECTION – Complete if fees are to be collected by the Records Division

Copy Fee:	Number of Copies: _____	X \$.05/page	= \$
Authorized Flat Rate Fee:			= \$
TOTAL COST			\$
Date Requestor Notified	Enter Date Notified	<input type="checkbox"/> Picked up <input type="checkbox"/> Mailed <input type="checkbox"/> Other (Describe): _____	Destruction Date <small>Enter date Requested File was destroyed</small>

Signature of Person Picking up Request or Name of Person Mailing or Other	X Signature Required	Date
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Original to Records Division

Copy to Custodian of Record

Copy to Requestor

COMPLETING THIS FORM

REQUESTORS:

Complete a Public Records Request Form (TF-3281) for each request. Additional forms are available on the Oakland Police Department Website (www.oaklandpolice.com).

Written requests are encouraged, but are not required. Request Forms shall be processed when received:

- In person, Monday through Friday, between the hours of 0800 and 1600, except holidays;
- Via email to OPDPublicRecordsRequest@oaklandnet.com;
- Via U.S. Mail;
- Via Facsimile (FAX); and
- Via telephone to the Public Record Request Coordinator, Monday through Friday, between the hours of 0800 and 1500, except holidays.

In order to facilitate your request, please check all appropriate boxes and enter all known information in Parts 1 and 2.

OPD PATROL DIVISION INFORMATION DESK OFFICER

Assist the person in making a request that reasonably describes an identifiable record(s) or assist in completing the Request Form, if necessary or upon request.

NOTE: Requests for public records shall be accepted even if the Custodian of Record is unknown or cannot be readily determined.

Process all requests as follows:

- Ensure requests for information/records are properly documented on a Request Form
- Refer requests for vehicle collision reports or related photos directly to the Traffic Section during their regular business hours.
- Ensure requests for traffic-related information/records, other than vehicle collision reports or related photos, are documented on a Request Form. For convenience, the requestor may be referred directly to the Traffic Section.
- Upon completion of the Request Form:
 - Provide the requestor with the PINK copy.
 - Advise the requestor that he/she shall be notified by the responsible Custodian of Record as to the status of their request within 10 calendar days.
 - Place the WHITE and YELLOW copies of the Request Form in a secure box for pick-up by the Records Division.